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THE PROBLEM OF CHANGING FOOD HABITS: WITH SUGGESTIONS FOR PSYCHOANALYTIC CONTRIBUTIONS*

BY MARGARET MEAD, PH.D.†

The Committee on Food Habits is an interdivisional committee of the National Research Council, which is administered by the Division of Anthropology and Psychology. In the course of the last two years the Committee has been developing a systematic approach to the problem of food habits in American culture and the methods which may be used to change those habits when they conflict with or fail to make use of the best findings of the science of nutrition. Changes in the dietary pattern of our country are desired because it appears that our people are not as well nourished as they could be in view of the food resources we have. I am going to outline to you briefly some of the results of our research so as to give you a background for discussing the contributions which psychoanalytic research might make to the problem.

In the first place, it has been necessary to emphasize that we are dealing with the problem of *food* habits, not merely with the problem of habits. The findings of psychology on the general subject of habit formation throw only a very limited light upon the problem of changing food habits. Food habits as distinct from other habits, must be localized in the body, anchored in a series of specific zonal behaviors and understood in terms of the way in which American culture has patterned those behaviors. When we have examined, by various methods American food habits—through tests developed by Professor Kurt Lewin of the State University of Iowa, through analysis of interview material, the symbolism employed in current advertising, verbatim replies on questions addressed to random samples of the population—certain tendencies have become clear. When American food habits are compared with those of various European nations[1] and with those of primitive peoples we find that eating in America is primarily a

* Part of an address presented to the Topeka Psychoanalytic Society, December 11, 1942.

† Margaret Mead is Associate Curator in the American Museum of Natural History and Executive Secretary of the Committee on Food Habits, of the National Research Council. While Dr. Mead has drawn upon the materials and experience of the Committee on Food Habits in preparing this paper, it does not constitute an official report of the Committee.

"super-ego" problem, that *if you eat enough of the food that is not good but is good for you, you are then permitted to eat a little of the food that is good but is not good for you.* This attitude is instilled into each generation by the use of reward and punishment and as a result the findings of the science of nutrition do not become an automatic part of our cultural tradition but remain a subject of moral choice for each individual.[2] For example, men and children are supposed not to like vegetables. It is women's responsibility to see that the family eats vegetables, by coercing the children, cajoling the men, and by camouflaging the disliked vegetables in various ways. Sweets and desserts are used as rewards. American mothers do not see how one can teach children to eat without bribes, and they are amazed to learn that certain cultures do not use desserts.

As a result of this attitude, eating becomes a method whereby the growing boy can express his rebellion against parental control by choosing the wrong foods. The pleasure element which enters into consuming forbidden foods, into eating between meals, eating too many sweets, raiding the ice box, etc., is primarily the pleasure that comes from defying the dictates of conscience on a small scale, the very venial sin whose commission gives rise to a mild and mischievous pleasure rather than to an intense sense of guilt.

Psychoanalysts will recognize that when eating is dramatized as a conflict, with mother and wife exercising a taboo and child and husband defying it to prove their independence and masculinity, appeals to the conscience as a means of establishing better eating habits will not be sufficient.

Examination of the various socially sanctioned moves to improve the food habits of the American people, and examination of the motivations invoked by the group professionally charged with such improvement, leads to the conviction that this moral emphasis, in which food is thought of as part of a moral plot, is omnipresent. It is furthermore striking that Americans, in contrast to members of many other cultures, take a very limited sensuous pleasure in food or in the act of eating. Americans when questioned as to favorite foods are apt to name an undefined category of food —"a steak," "ice cream"—without specifying any of the details which would define a sensuous image. The appearance of the food is often of greater importance than the taste, and where pleasure is taken in eating snacks as snacks, the pleasure is not a sensuous one.

Beyond defining this particular characteristic plot which defines the food situation for the American child, and to some extent for the Protestant child in Europe also, research has not yet led us into the more unconscious aspects of the way in which attitudes towards food are built into the American character structure. Dr. Hilda Bruch is continuing at Johns Hopkins University under the auspices of the Committee on Food Habits

her study of obese children[3] and is adding to this a study of allergic and diabetic children. It is hoped that detailed case studies of these children whose attention is intensively focussed on food may reveal further the psychodynamics which underlie American food habits.

Psychoanalytic literature is rich in material on oral and anal attitudes but this material has never been organized to show the specific psychodynamics of American character structure. Most of the material, as presented, is equally applicable to individuals from many different cultures and economic classes and deals with mechanisms which have not been detailed in their specific, culturally patterned forms. There is urgent need for the organization of this material in such a way that we may be able to make statements, in terms of psychoanalytic frames of reference, about the difference between American, German and French, Eskimo, Hottentot and Samoan character as it may be described in the organized attitudes towards food and eating.

Specifically, it is possible to outline several areas in which psychoanalytic research might bring valuable results.

1. *An exploration of the developmental process as patterned by American culture, in order to describe and place the period at which eating becomes delibidinized and classified as a super-ego problem.* The relationship of breast and bottle feeding, methods of weaning, methods of enforcing schedules and sequences of unpreferred and preferred foods all need examination, as the residues of these experiences manifest themselves in analytic productions. It is possible that the mere repetition of a sequence in which a food, assumed to be disliked is, if consumed, followed by a food which is assumed to be liked, may establish a close connection with the super-ego development. Interdictions of certain types of behavior at table, such as the habit of using the family dinner table as a forum where delinquencies are rebuked and deviations in table manners continually remarked, may also play a role. It is probable that clues to the cultural regularities in these types of behavior may also be found in the contemporary behavior of patients, the incidence and forms of periods of extreme oral indulgence or self-denial, the idiosyncratic food taboos which individual patients will establish which may, when examined, prove to have a common form which can be described and so on.

2. *An exploration of the divisions which are made between food and drink, on the one hand, and between serious meals and "snacks" on the other.* It is possible that this inquiry may throw light upon the specific dynamics of American alcoholism, as compared with various European forms of alcoholism.[4]

3. *An exploration of the terms in which Americans classify that which is inedible.* Comparative cultural studies show that there are a variety of head-

ings under which that which is not traditionally acceptable as food may be presented to the growing child, as (a) "not food, but dirt, that which is disgusting, contaminating, may be equated with excrement"; (b) "not food, but of the same nature as human flesh so that to eat it would make one a cannibal, "e.g., horses, dogs, pets, animals which are served as whole skeletons, etc; (c) "not food, but a representative of the male or female genital and therefore to be shunned as arousing intolerable fantasies"; (d) "not food, but something magically strange and dangerous, to incorporate which would be to run into great danger." These categories are not, of course, mutually exclusive, and probably a certain element of each may be found in the complete food rejection attitudes of any people, but there seems good evidence for expecting them to be differently patterned in different cultures. It is the patterning, the specific content, the hierarchy of dominance among the different settings of rejection which should give the peculiar character to the food rejection attitudes in a given culture. In any attempt to introduce new foods it is important to know just what the structure of these rejection categories is.[5]

To date no systematic exploration has been made of the extent to which deeply unconscious trends are culturally patterned.* While an exceedingly strong *a priori* case can be made for the position that it would be impossible to pattern parts of the human personality without significant adaptive patterning of all other parts of the personality, there is also some material which suggests that certain processes usually identified as "unconscious" have greater uniformity from one culture to another than do those processes labelled as "ego processes." However this may be, until this relationship is empirically determined, it would seem that it is worthwhile from both a theoretical and a practically useful angle, to turn psychoanalytic methods and insights upon this problem of defining the developmental steps by

* Dr. David Rapaport raised this problem during the meeting, as the point where these specific inquiries concerning unconscious mechanisms involved in food habits might have the highest theoretical interest. He suggested that the investigation of the unconscious determinants of food habits might be conducted along several lines:

(a) By surveying the psychoanalytic literature and tracing in it the dream, fantasy, and symptomatic material pertaining to food attitudes;

(b) By reviewing a large body of case-history material in order to extract points similar to those analyzed above, as well as material concerning general personality makeup in relation to food attitudes;

(c) By reviewing records of psychoanalytic treatments in which source material like that enumerated above may be found;

(d) By direct experimental investigation of food attitudes by means of hypnotic technique. This would involve partly investigation of the conscious roots of existing food attitudes, partly the observation of change of food habits due to hypnotically implanted specific attitudes.

which typical American attitudes toward food and toward changing food habits are established.

I have presented this material to you partly because I am interested in obtaining your collaboration in solving this particular set of problems and partly as an illustration of the way in which I believe psychoanalysts can make a more immediate and telling contribution to the affairs of contemporary society, the prosecution of the war and the implementation of the peace. Not until psychoanalytic insights into human mechanisms have been specialized into insights into the psychodynamics of an identifiable group of people at a given epoch in history do they become available for social planning. Yet it would be tragic if this wealth of insight were not to be made so available. The successful application of psychoanalytic theory and techniques to the solution of any one present day problem—such as that of altering American food habits to preserve nutritional standards in the midst of war shortages—would pave the way for a more widespread contribution to the pressing social problems of the times.

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(3) BRUCH, H.: Family Frame of Obese Children. *Psychosomatic Medicine*, 2: 141–206, April, 1940.

(4) A detailed analysis of Balinese food attitudes shows a clear dichotomy between the series: drink and snacks, no bodily involvement, urination unaccompanied by shame—and the series: serious meals, inevitable bodily involvement despite the attempt to predigest the food by chopping and altering its form, and defecation accompanied by shame. See BATESON, G., AND MEAD, M.: *Balinese Character: A Photographic Analysis*. N. Y. Academy of Sciences, Special Publications II, 1943.

(5) In reading an unpublished manuscript by Dr. Margaret Brenman of the Menninger Clinic on the character structure of lower class Negro girls, I recognized for the first time the systematic relationship between fear of animal behavior and a caste system. The particular repercussions of this relationship may be found in the food rejections of the American South on "good only for animals," e.g., yellow corn meal. Related phenomena are the Balinese taboo on bestiality and the Hindu doctrine of reincarnation in lower animal forms.

A PSYCHIATRIC STUDY OF A MAN SUFFERING FROM A CONVULSIVE DISORDER

By LEO H. BARTEMEIER, M.D.

Detroit

The patient whom I have selected for this study bears the characteristic hallmarks of genuine or idiopathic epilepsy. His heredity, his difficult birth, the early onset of his seizures together with the character and course of his convulsive disorder all stamp him as belonging to that category of epileptics to which medical teaching has so consistently imputed an organic background and an organic pathology. I decided to study this patient because my clinical experience had led me to suspect that in the cases which we classify as essential epilepsy there are, in addition to the hereditary predisposition, potent acquired factors which we do not ordinarily uncover in our clinical studies but without which illnesses of this type could not be possible. My previous work with children suffering from convulsive disorders had provided me with an opportunity to study their mothers and to observe how their attitudes had seemed to contribute to the development of the children's illnesses. These studies had shown me that the earliest experiences of the child with its mother were the ones which were crucial for the manifestation of the subsequent convulsive pattern and that they served to activate the latent hereditary pre-disposition. Inasmuch as these events took place so early in the life of the patient, the best possibility of uncovering them depended upon the cooperation of the mother. In making the present study, I accordingly had a series of interviews with my patient's mother and I think you will agree that what I learned from her may not have been accessible to the patient's memory and yet without this data it would have been impossible to know much about the pre-convulsive experiences which seemed to lead to the establishment of the convulsive illness. When we have the facts of the pre-convulsive period well in hand, we can hope to understand the meaning and significance of the adult seizures.

I had known my patient from his fourteenth year but it was not until he was thirty that his mother brought him again and the present study was undertaken. I have had visits with him at intervals varying from one to three weeks and I have encouraged him to talk spontaneously as much as he could. From his own experience, he knew that the phenobarbital which I had prescribed during his adolescence was helpful but not curative because on several occasions when he discontinued it for a day he invariably suffered a marked aggravation of his seizures.

His illnesses which began in his sixth year with petit mal attacks had

seriously interfered with his schooling so that when he reached the ninth grade at the age of seventeen his teachers advised his mother that it was useless for him to continue because of his learning difficulties. His grand mal attacks which began in his ninth year and which always occurred during his sleep were characterized by the familiar tonic-clonic sequence, stertorous breathing and cyanosis, frothing at the mouth, biting the tongue and subsequent feelings of physical exhaustion and mental dullness. The physical, neurological, laboratory, and other special studies which were carried out by my colleagues revealed no organic basis for his illness and they too regarded him as manifesting the characteristic reactions of genuine epilepsy.

He was an only child and when he left school his father, at the persuasion of his mother, purchased a small confectionery store so that he might have employment without the danger of losing his job and so that he might have permanent financial security. The patient works with his parents in the store and they live above their business establishment. In these simple surroundings, the patient spends most of his time quite contentedly. He has never shown any interest in women, has few men friends and his recreation is limited to the newspapers, the radio, the movies and an occasional visit with relatives. He lives with his parents like a child with limited outside connections. The wild angry expression in his eyes which his mother regularly observes before his grand mal attacks is in sharp contrast to his utterly passive, kindly, considerate and somewhat submissive temperament. Inasmuch as this unmistakable manifestation of rage is an inevitable precursor of his nocturnal attacks and occurs in such close proximity to them, we feel justified in inferring that the convulsions themselves are more intense discharges of the same affect.

The patient is a well nourished man who is always very neat about his personal appearance, who wears glasses and who has a left external strabismus which has been present since his fifth year. He has always complied with all the arrangements of the treatment and whenever I had to change the time of his appointment or to cancel his appointment, he always acquiesced and never showed any irritation or annoyance. He has never complained about his illness or not being cured or expressed any dissatisfaction with his way of living. In his home, he seems to put up with everything and never becomes angry or quarrelsome. This description gives some indication of his complete inability to be aggressive in interpersonal relationships.

His mother's grandmother and his mother's uncle had both suffered from convulsions and his mother's sister was subject to "nervous spells" in which she manifested jerking movements without loss of consciousness. It is probable, therefore, that the patient was born with an hereditary pre-dis-

position to develop a convulsive disorder but according to the best information we possess regarding the constitutional facturs we know that they are insufficient by themselves to account for an illness of this type. In some patients these organic components are very great and the acquired factors need to be only small to bring about the pathological effect but in others, the hereditary component appears to have had less influence in the formation of the epilepsy than the mental factors which have been acquired. In the latter type of case, the prognosis with psychotherapy should therefore be more favorable.

The mother of this patient, who referred to herself as having always been "high strung and nervous," may be described as an energetic, hard-working woman with a strong flair for business who manages the affairs of the family and who has assumed practically all of the responsibility for the patient's up-bringing. His father, who is unambitious and who manifests a passive, dependent attitude toward his wife, has seemingly played only a minor role in the life of the patient.

From the following facts provided by his mother we can infer the resentment she felt about becoming a mother and the anxiety she experienced because of her thinly veiled destructive feelings toward her husband and her child. She said she had had no intention of marrying and settling down down until after she witnessed the accidental death of her husband's sister. When she married him six months later she did so because she felt sorry for him. When she became accidentally pregnant with the patient she was intensely disappointed because she did not wish to have a child. During this period she would sometimes become so frightened by the photographs of her husband's deceased relatives (others of whom had also met with violent deaths) that she would have to leave the room in which the pictures were hung. Throughout her pregnancy she was never aware of any fetal movements and, as she learned later, her relatives had thought she must be carrying a dead child. The patient was born at term and his birthweight was eight and a quarter pounds. The duration of labor was approximately twenty-four hours and delivery was instrumental. When she first saw the patient, his forehead was discolored and his ears looked bruised. Apparently, the injury was confined to the soft tissues. She recalled that during her pregnancy she had remained "almost as flat chested as a man" and that after the patient's birth the nurses in the hospital had tried in vain to stimulate nipple formation so that she might nurse her child. She related that because of her weakened condition she was uninterested in whether she saw the patient the first time or not and later when the nurses did not bring him as often as she thought was customary she imagined he was dead and they were protecting her from the shock. She was so fearful that he would break if she bathed him that she could not

bring herself to wash him until he was five and a half months old. A relative who had been caring for the mother and child finally threatened to leave and it was in her presence that the mother undertook to bathe her child for the first time. Throughout his first year, she slept with him in the hollow of her arm so that she would "not need to worry lest something happen to him during the night."

From his earliest days, the patient's whole mental development was under the influence of his mother's fears that she might hurt him or that something might happen to him. He took over her apprehensiveness about his own safety and was always an extremely fearful child. "He was afraid of hurting himself. He did not begin to walk until he was two and if he would fall down, he would not try to walk again for a week. He was not like other boys. He was afraid to climb fences and trees and he would sit and watch the other children." These observations of his behavior show us so well how she transferred to him her own fearfulness lest something happen to him and how she thereby made it impossible for him to discharge his natural aggressive tendencies. In addition to this, his father did not provide him with a good example from which to develop a masculine attitude.

On one occasion the patient's father noticed that during a petit mal attack the patient moved his head about momentarily as though looking for someone and as he was regaining consciousness his father asked him what seemed to be the trouble. Surprisingly enough, the patient, who was only partially clear, remarked "I wonder where all the folks are. I was just trying to locate you." This led me to question his mother as to the frequency of this behavior and she reported that just preceding his grand mal attacks he often raised his head from his pillow in his sleep and moved it about slowly for a few seconds as though he were lost and were looking for someone. He would then become rigid and convulsive. I considered the possibility that this peculiarity in connection with his attacks might be associated with some experience of his early childhood. When I mentioned this possibility to his mother, she recalled an episode from his third year which had been very terrifying to her and which she had forgotten until now. She had left the child to play alone in the yard and he had escaped unnoticed through an opening in the fence. It was not until a half hour later that he was returned by a neighbor woman from the next block. In the meantime, his mother had become frantic because she was convinced he had been killed in the traffic. In escaping from the yard he did what any three year old might do when left alone to play. We imagine, however, that soon after experiencing his new found freedom he felt lost and abandoned, more than another child would because his mother had been so overprotective of him that she never left him alone. From

similar experiences of other children and their reactions which are known to us, we may assume that in addition to his anxiety he experienced an outbreak of violent rage against his mother who he felt had abandoned him. Although it could not be established with certainty, the facts which have been elicited strongly suggest that the infantile experience of getting lost was repeated in a highly condensed fashion in his attacks.

It was also during his third year that he was circumcized. The operation was performed on the kitchen table and through the failure to prepare him for what was to come, he was terrified by the ether mask and by the doctor who forcibly anesthetized him. It was soon after this that he began having breath holding spells which frightened his mother. In her own words, "he would become black in the face. I was so scared because I was afraid he would hold his breath so long he would lose it and be unable to get it back." These spells, in which he obviously repeated the traumatic experience of the ether mask, she correctly interpreted as expressions of his "temper." It is of particular significance that this withholding of his aggression and turning it back against himself was the same mechanism which subsequently characterized his epileptic attacks. Because his mother was too frightened by his breath holding spells he was "cured of this bad habit" as his mother said, "by an uncle who emptied a basin of cold water on him while he was holding his breath."

Somewhat later, he began grinding his teeth and making audible chewing movements during his sleep. The chewing movements alarmed his mother because she recalled her grandmother and her uncle and she wondered whether her child would later develop epilepsy from which they also had suffered. We know from our clinical experience that when children who tend to express their aggressions orally are restrained by their parents from so doing, they often begin grinding their teeth. The patient who had never been told about his grinding his teeth in his childhood became aware that he was making strong clamping movements with his jaws during the course of my work with him. This close similarity between these small daytime actions and his infantile grinding of his teeth during his sleep shows the reappearance of behavior which was characteristic of him during the preconvulsive period. This leaves no doubt that such discharges of psychic energy were the precursors of his subsequent illness. The patient himself was correct when he expressed the idea that his clamping jaw movements, which were entirely unintentional and quite automatic, might be substitutes for his attacks.

When the patient was six years old he was subjected to his second surgical experience and again without warning. His tonsils and adenoids were removed in the office of a physician and he struggled so violently against the ether mask that "the doctor had to put his knee upon" the

patient's chest in order to administer the anesthetic. It was not long after this episode that a neighbor woman told the patient's mother that he had had a dazed spell while handing her some fire wood. This marked the onset of his convulsive disorder. After the two experiences in which he was overwhelmed by the doctors in such a way that he could express no aggression or counteraction his actual epileptic seizures began.

The patient once came for an appointment immediately after having had a dental extraction. The dentist had prepared his mouth and as he turned from the patient to reach for his extractors, the patient developed a seizure with some jerking of his head. The patient was telling me that the dentist had expressed some regret that he and not I had witnessed the attack. It so happened that in this moment I had to leave the room to answer the phone. I returned almost immediately and the patient was already unconscious. His facies were somewhat suffused, his head was turned to the right and upwards and made a few clonic jerks. His eyes were open, his pupils were dilated and the attack lasted approximately forty seconds. I can only conclude that by turning away from the patient I had unintentionally behaved like the dentist when he turned to reach for his extractors and that the patient reacted to this with the same anxiety which he must have developed in the dentist's office and which was connected with his convulsion. He may also have associated my leaving him with his childhood feeling of being abandoned by his mother.

The same theme is illustrated in the following incident which occurred several months later. The patient's mother phoned to say that the patient was having a shower of both petit mal and grand mal seizures and that she wished some advice. When I asked her what she thought might have precipitated the attacks she said she had wondered whether his having stopped smoking cigarettes quite suddenly had had a bad effect. I felt in agreement with her idea and asked her to tell the patient that I advised him to resume his smoking because I knew it had not been harmful to him. I learned later that he had followed my advice and that his attacks had promptly subsided. He subsequently told me how he had read a magazine article in which the author had described in detail the evil effects of smoking and how, as he had read the article, he became increasingly fearful that he had damaged his heart by smoking and that he had therefore given it up at once. During his adolescence his smoking had been a secret and forbidden pleasure which, as with many other children, had the same significance for him as masturbation by which he had also thought he had harmed himself. The magazine article had aroused his anxiety and he reacted to this with a cluster of convulsive seizures. My telling him to resume his smoking removed the threat and relieved his anxiety. In this instance, as well as in the episode of the dental extraction, the patient's

convulsive seizures were activated by his fear of injury to himself. We know that from his earliest childhood he was very fearful of hurting himself and of being hurt by others and we know too that he acquired this dread from his mother who was always so concerned for his safety. His mother's attitude and his father's inability to be a good model for him forced him into an abnormal discharge of his aggressions the pattern for which was determined by his convulsive heredity. The way in which he was taken by surprise and overwhelmed on the occasions of his traumatic surgical experiences apparently hastened the onset of his illness.

Inasmuch as the acquired etiological factors played such an important role in the development of his disorder, I think he should be classified as a case of psychic epilepsy. Although it remains necessary for him to continue his phenobarbital medication he has shown a satisfying improvement with psychotherapy, the aim of which has been to encourage the natural release of his aggressions. During a period of three months in which he repeatedly discharged these feelings in dreams in which he engaged in furious physical combats with others he remained entirely free from attacks. His mother said this was the longest time in which she had observed no petit mal seizures. Although I am well aware that epileptics improve for a little while under almost any kind of treatment, the remission to which I have just referred did not begin until after approximately a year of psychotherapy and both the intensity and frequency of his attacks have diminished very considerably since that time. In his daytime life he is gradually beginning to express his resentments and he is developing interests outside his home.

I have limited my discussion to the dynamic aspect of this patient's illness because I am convinced that with epileptics of this type the clinician's principal task is to diminish their anxiety regarding their aggressive impulses. My main purpose in presenting this case is to call attention to the acquired factors in the etiology because these are amenable to therapy and our attention to them offers the possibility of increasing the effectiveness of our efforts in behalf of our patients. The illness which we designate as epilepsy is probably in all instances a combination of hereditary and environmental influence in varying proportions.

METAPSYCHOLOGY OF MORALE*

By RICHARD STERBA, M.D.

Detroit

I would like to emphasize that in this short paper it will be impossible to cover the metapsychology of the very complex phenomenon of morale. I shall therefore be able to give merely an outline of the problem.

A psychological investigation of any mental phenomenon should begin with a definition. Unfortunately it is not easy to define the mental phenomenon termed *morale*. Definitions offered by various sciences and scientists differ greatly; they are even contradictory on some points. An examination of a series of discussions on morale presented in scientific reviews of various kinds shows that there are two main concepts: the first is that morale is the healthy mental attitude of the resolute and energetic individual in connection with goals to be achieved; morale, in this sense, is a question of mental health and energy in the individual, and hence a problem of individual psychology. In this concept of morale, interest is focussed on the energy output of the single individual for his individual aims. The second concept is that of morale viewed as a group psychological phenomenon, according to which it is the expression of the relationship of the single individual to a group and to the goals of the group. In this paper I shall discuss morale as a group psychological phenomenon, since this concept is of the highest importance to us in these times of common action and a common enemy. The important factor in the group psychological concept is the quantitative relationship between the egotistical interests of the individual and his participation in the interests and aims of the group. This is not intended as a definition of the group psychological concept of morale, nor as a description, but as a preliminary statement of the dynamic relationship of the two factors between which morale is established, namely, the selfish and egotistical tendencies in the individual and his social interests.

I suggest that it is legitimate to assume that we all know the meaning of the term morale, without defining it specifically. Assumptions of this kind have sometimes to be made in psychology as in other sciences. Physicists made many statements about electricity, its manifestations, its laws of currents and discharge, before they were able to define the phenomenon of electricity. In psychology, many statements have been made about love, love relationships and their vicissitudes, without giving an adequate

* Read at the forty-ninth annual meeting of the American Psychoanalytic Association, May 18, 1942, at Boston, Massachusetts.

definition of love; the assumption has been that we all have some common idea in our minds when we talk of love, although an individual may differ from others on one point or another in his ideas on the subject. In our psychological investigation of morale, therefore, the assumption will be made that there is a common idea in all our minds, the basic metapsychological characteristics of which can be described and explained.

As in every metapsychological study, the topographical situation of the phenomenon has to be discussed first, the dynamic forces which set it in motion second, and the principles of mental functioning according to which the phenomenon appears and the process takes its course third. The topographical, the dynamic and the economic viewpoints are, as we know, the three constituents of metapsychological research.

It will be impossible to discuss each viewpoint separately since they are interwoven through mutual conditioning. As an example, the mental topography of every process in the true unconscious—the repressed—is determined by the forces which set it in motion and by the economic conditions of pleasure-craving and defense. The separation of the three viewpoints is artificial, it is merely made for the sake of clarity and will not be strictly adhered to in the following discussion.

In examining the phenomenon of morale from the topographical viewpoint the question should be asked: Where does morale arise? Is it a conscious phenomenon? Morale is certainly manifested in our conscious thoughts and actions. For instance, it is usually after a conflict in his conscious mind that a man decides to abandon his personal interests and to join the army as a volunteer for the sake of the common cause—an action which is considered to be the expression of high morale. In fact we measure the nation's morale by the number of volunteers. This factor of conscious decision in actions of high morale has led some observers to believe that morale is an entirely conscious phenomenon. One sociologist states: "If there is anything free about the human being, it is to be found here"[1] (in the field of morale). However, to psychoanalysts who have the task of looking below the surface of consciousness, free decision and free will are rationalizations of determining forces behind the scenes. We are therefore not able to consider as final the person's conscious reasoning for his actions. As a phenomenon of the conscious mind, morale belongs to the System Cs, but its conscious manifestations and rationalizations do not explain its dynamic energy which leads to extraordinary deeds, sacrifices and endurance. These cannot be understood without tracing the unconscious roots of morale. Our search for the dynamic sources of morale beyond the individual's conscious rationalizations will be found justifiable when we investigate the principles of mental functioning according to which the manifestations of morale occur and take their course. At this point,

I shall have to introduce the economic viewpoint of the phenomenon morale.

The conscious mind is under the influence of the reality principle, which tries to guide the instinctual forces to satisfactions which are in harmony with the individual's interests in his reality situation. We do not consider it an expression of morale if a person serves his own purposes in accomplishing an action; immediately we discover that the action which appeared to express morale has also served as an ego gratification, we are ready to deny that this action is a manifestation of morale and we lower our opinion of the doer considerably. Morale is a phenomenon beyond the reality principle of the single individual.

Morale, as we are discussing it, is a group phenomenon in which the common group interests are substituted for the personal interests of the individual. This process may still be regarded as taking place within the region of consciousness, provided we assume that morale is created under the influence of an enlarged reality principle which looks upon the future fate of the group as a guide for mental functioning.

This would mean that the reality principle in the individual which ordinarily steers his energy discharges in order to protect and advance him, is replaced by a principle of mental functioning which controls the energy discharges in accordance with the welfare and preservation of the group. The individual's conscious motive may be the welfare of the group when he undergoes sacrifice, hardship and even death for the group or the group idea. The psychoanalyst, however, will consider that the conscious motive of group welfare is a rationalization. We can easily recognize that the welfare and advantage of the group are not sufficient incentives to produce high morale. However advantageous an aggressive war may be for a nation it cannot be begun before that nation is made to believe that the aggressive war will serve other emotional ends than mere gain. If gain were the sole reason for an aggressive war the nation would lack sufficient morale to carry it out successfully. Thus we see that a collective or national reality principle, if I may use such a psychological misconstruction, cannot explain the phenomenon of morale.

We shall have to search for the dynamic cause of wartime morale in the unconscious regions of the mind. We shall then find that the important dynamic supporters of morale are instinctual satisfactions of a primitive kind and that, in a certain dynamic sense, wartime morale is a regressive phenomenon. I do not want to be misunderstood on this point: certain forms of group psychological morale have a decidedly progressive function. Indeed our hope for the progress of mankind to a better social and economic system is based on the expectation that group feelings will gradually dissolve many of the selfish boundaries of the individual in our culture. This

transformation from individualism to group feelings and actions can only be progressive if it is guided by intellect and insight, both of which will have to lead the emotional forces to functions of a higher social quality, with sublimated aims. Morale in wartime, emotionally intense as it has to be, is of a much more primitive character and shows very definite regressive trends. Generally speaking, every strongly emotional group feeling is a regression to a more primitive form of mental existence. We know that in primitive tribes the sense of belonging to the group is a great deal stronger than in our own highly civilized social structures. For the primitive possession is tribal, not individual; crime and guilt are common cause. The individual hardly exists as such, his experiences, feelings, thoughts and actions are merely manifestations of his community with the group. The complete lack of any sense of individual property is one of the results of this intense sense of community with the group, which exists in the members of primitive tribes. In primitive tribes there is no other than "common sense" in the original significance of the term. In our demands for intensified military and civilian morale in times of war we ask for something very similar to this primitive feeling of community with the group. The aim of our attempts to create wartime morale is to eliminate individual strivings and to instill the idea that existence depends mainly upon each person functioning as a unit of the group. This condition can be achieved only through partial regression. Through regression in time of war to a primitive tribal state, nations become what Freud refers to as "giant individuals of the human species" (*Grossindividuen der Menscheit*).

Wars themselves are regressive phenomena. Nobody has shown this so clearly, or with such courage, as Freud in his paper *Thoughts for the Times on War and Death*,[2] which is as timely today as when he wrote it in 1915. We need not be disturbed therefore or astonished to learn that the emotional mental state so marked in wartime, so badly needed for victorious or disastrous events, is partially brought about by regression to a more primitive state of mind in the members of the civilian and fighting group. Wartime produces an intensification of group feelings, a substitution of group psychological for individual behavior. Here we are on well known scientific ground; all the group psychological discoveries of Freud can be applied to the group psychological phenomenon of morale. The libidinal identification with the other members of the group and with the leaders or leading idea, is one of the main constituents of morale. The selfish interests of the individual are abandoned and the libidinal factors contained in these are turned into object relationships in the form of ties between fellowmen in the group. This object relationship however betrays its narcissistic origin. It is based on the common cause, but the participation in the common cause grants considerable enlargement to the individual ego.

The saying: "In union there is strength," is true in matters of military action and civilian defense, but it is truer still and of greater value from the group psychological standpoint, for the achievement of the nation's goal. Through this unification every member of the group experiences a narcissistic expansion of his ego, which will be the greater according to the amount of gratification the individual derives from his participation in the group idea.

Here, we find ourselves in the midst of examining the third, the economic viewpoint of our metapsychological investigation of morale which, from a practical standpoint, is the most important. This part of our discussion could be called "Morale and the Pleasure Principle," since it deals with the gratification which morale grants to the individual, or which causes the individual to produce morale. In many non-psychoanalytical articles on morale this point is neglected, but as psychoanalysts, mainly interested in investigating the instinctual gratifications of the human mind and its productions, we feel that our task is not accomplished until we have determined the instinctual sources of a mental phenomenon.

Morale, like every other psychic process and phenomenon is subject to the laws of mental economy. If sacrifices are to be demanded of the people, even to the ultimate sacrifice of life itself, adequate compensation has to be offered. Once this adequate compensation is found, in the form of common emotions of different kinds, we have the raw material of morale. Community of feeling is the basis of morale. An aggressive attack, such as that on Pearl Harbor, produced an immediate supply of morale under the guise of common hatred, and the desire for revenge against the attacker led to a sudden and intense identification on an emotional basis among the national group members.

Emotional reactions to the idea of being attacked have been used over and over again as psychological preparation for the German people in every aggression that country has made. German propaganda lies about aggressive attacks upon Germany by neighbour nations have enabled foreign observers to predict the future victims of German aggression.

Common hate and the greater possibility of its discharge through national unity is one of the gratifications of morale. The conviction that if a member of the group is killed his fellowmen will take tenfold revenge for his death is an important upholder of morale. Common work for the common cause is a valuable factor in creating and maintaining civilian morale; this has been recognized and expressed many times in different papers on morale. We know how many libidinal ties and satisfactions develop from the community of work. Analytic experience has shown very clearly the libidinal trends in the relationships between co-workers; the demand for common work in group organizations has therefore also its

libido-theoretical justification from the standpoint of morale. Common danger, if sufficiently apprehended and not of overwhelming intensity, can create group psychological morale.

Another source of morale is the individual's pride in national honor. A discussion of the concept of honor is beyond the scope of this paper, since it belongs to the domain of the psychology of values, but we cannot doubt that narcissistic satisfactions of various kinds and of great intensity are granted in the possession and defense of national and group honor. In the German army in World War 1, it was emphasized that the greatest honor was to be a soldier and to wear the Kaiser's uniform. Here the narcissistic satisfaction of identification with the "Emperor through God's grace" was used as a strong emotional factor. It was also a special honor to carry a bayonet. The honor code was stressed on every occasion. There can be no group honor without the pride in being better than those who are not members of the group. We know how Prussian militarism utilizes the narcissistic gratification afforded by military honor and employs race or national honor to produce a feeling of self-glorification in every German citizen. Democratic countries are in closer contact with reality and refuse to base their morale on such illusions. They therefore have difficulty in producing morale through delusional narcissistic gratifications which play so great a part in the production of morale in fascist countries.

The narcissistic basis of morale leads to the discussion of another element from which the term "morale" itself is derived; this is the *moral* institution in the human mind. This element has been much emphasized as a source of morale in literature on the subject. Actions of morale are often, if not always, accompanied by the feeling that a duty has been done and the demands of the Super-ego have been fulfilled. From the psychoanalytic standpoint we can confirm the belief that the moral factor is of importance in morale. But we should emphasize the fact that in wartime morale the moral factor itself undergoes a regressive transformation. We know that in group psychology the Super-ego is, to a greater or lesser degree, replaced by the leader or leading idea. The incorporation of the parental authority is undone and the demands of conscience are re-converted into demands from the outside world. The strict and rigid Super-ego of the compulsive character is opposed to such a transformation and, high as his moral standards may be, the compulsive neurotic individual has not a favorable type of character for the development of intense group morale in time of war.

There is another source of narcissistic gratification derived from and leading to morale, which is extremely powerful but very dangerous in the event of a setback or defeat. This gratification is derived from common

megalomanic delusions; it is the deepest regression on which morale can be based—the regression to the early infantile sense of omnipotence. The German leaders make excellent use of this primitive tendency, in order to whip up the people to the highest pitch of a primitive form of group morale. They shut them off from reality by excluding all outside information and thus from all possibility of comparison with other nations. Their propaganda machine constantly uses the entire daily life of the citizen to hammer into his imagination the concept of the grandeur and superiority of the master race, with which is bound up the concept of a godlike leader, omniscient and all-protective to his followers. There is one great disadvantage to this most primitive form of morale; the people subjected to its influence must at all costs be led from one victory to another or else the delusion created will collapse. Unfortunately, the delusional morale of the Germans has been supported by the undeniable reality of many major victories. This form of morale is more vulnerable to narcissistic blows than any other and can easily be transformed into depression. It cannot stand disappointment in the leader, for if the leader loses confidence this particular brand of morale is shattered like a Bologna flask when its surface is scratched.

I am neither a group psychologist nor a political leader and cannot therefore give final recommendations for the creation of morale, but I think one point cannot be too much stressed. We cannot expect to produce morale without in turn offering emotional gratifications. It seems to me to be the task of the skilful operator in mass psychology, in times of war, to find the psycho-economical balance between too little emotional gratification, which would be inadequate for the production of powerful quantities of morale, and too much, which would separate the nation from reality considerations and lead it to gratifications of a delusional and magical nature. The ties with reality should never be dissolved, the infantile megalomanic feeling of omnipotence and invulnerability should never be completely re-established, because, sooner or later, reality would destroy the delusion inexorably and the nation would have to pay the toll.

REFERENCES

1. Hocking, William Ernest: The Nature of Morale, *The American Journal of Sociology*, 47:302–320, November, 1941.
2. Freud, Sigmund: *Collected Papers*. 4:288–317, The Hogarth Press, London, 1934.

MENNINGER FOUNDATION ACTIVITIES

The Boarding Home Plan of the Southard School

The Southard School in Topeka, Kansas is a non-profit institution which is devoted to the psychiatric treatment of neurotic children in residence under circumstances whereby they can continue their education and gradually enlarge their social adjustments. In 1941 the Menninger Foundation made a grant to the School to cover a current operating deficit and in 1942 an additional grant of $8,500 was made. A report on the entire program for which this grant was used has just been submitted to the Foundation by the Director of the School. We have abstracted from this report the section dealing with the Boarding Home Plan, because this is a new development at the School and because many physicians have asked to hear more about it.

We have continued our policy of limiting our enrollment to children under 18 years of age, of average or superior intelligence, with neurotic problems. Almost all of the children are severely ill at the time of their admission and require a relatively long period of treatment and a highly individualized program. Formerly all the children lived in the School, which was made as much like a home as possible, while they were being treated. The staff had felt for some time, however, that it would be advantageous to many of the children if they could be transferred to boarding homes in conjunction with the school at that time when their treatment had progressed to the point where they were ready for a less protected environment. In an actual home they would have the opportunity to work out their problems independently while continuing their therapy at the School. In January 1942 it was decided to discuss the plan with the parents and to put it into practice.

The services of a psychiatric social worker with experience in foster home placement were secured. The community took an unusual interest in the plan and nearly 100 homes were offered. From these about a dozen were selected after thorough investigation by our social worker and conferences with the Director and psychiatrists of the School concerning the particular suitability of the home for a certain child.

The individual placements were considered with extraordinary care. Since the pupils of the School are so ill, their ability to adapt themselves to new persons and new circumstances is seriously impaired and they tend to be defensive and suspicious. For such children it is not enough to provide an excellent home; one must know intimately the needs of the child to be placed and his previous experiences in his own home, the personalities of the boarding home parents and their fitness for the particular child, the

constitution of the family, including the age, sex and attitudes of the foster siblings, if there are any (for most neurotic children it is inadvisable to have other children in the home unless they are much older or younger), the hobbies, interests and habits of the family in relation to those of the particular child, and the reasons why the boarding home is interested in taking a child to care for. The social worker was instructed to continue her investigations until she found an entirely satisfactory home for each child, since there was no reason to remove a child from the School except to facilitate his progress. It is important to take every precaution against these children failing in a new situation, because they have known so many failures in their short experiences.

After the children were placed, the social worker visited the homes once a week to talk with the mothers. All the children continued to receive psychotherapy from the psychiatrists at the School several times a week and the majority of them came to the school daily for a full program of school work, special tutoring, supervised recreation, craft and shop work.

After eleven months of trial, during which time several other pupils have been transferred to homes, the School is very well pleased with the results of the boarding home plan. The children have responded to it very satisfactorily and some of them have made much more rapid progress toward recovery as a direct result of living in a real family.

A number of the children have been enrolled in the Topeka public schools after a period of tutoring at the Southard School. In these cases the psychiatric social worker and the director of education at the Southard School make regular visits to the schools and follow the child's progress. Needless to say, when a child has made a good adjustment in the public schools and in a boarding home, with the help of his therapist, he is nearing the end of his treatment. Several children are in residence at the School all the time. There are various reasons why it is necessary to maintain the School as a central home. It is usually desirable for a newly enrolled child to live in the School for a preliminary period of examination and observation before a placement is made. This enables the staff of the School to make a careful study of his personality and his reactions to others, and it also enables the social worker to select the best home for him on the basis of the recommendations of the staff, without being pressed for time. Again, some of the children are too emotionally disturbed to benefit from placement in a family and a few others require more supervision than a home could furnish. Such children need a prolonged period of treatment before they are ready for any home.

One factor which has tended to delay placement recently is the difficulty in finding homes in which the father has not been called away to serve in the armed forces. One of the great advantages which the boarding

home can offer our children is a friendly father figure who can explain the adult work-a-day world and teach a child his relationship to the community in a simple practical way. This is especially important in the case of adolescent boys. In one case where the father of the family left for the Army a number of months after one of our teen-age boys had been placed in the home, however, the boy made an excellent adjustment to the situation by assuming many of the responsibilities of the father in the home. He was able to take this mature attitude because he had been in the home long enough to feel that he was really a member of the family and to make an identification with the father of whom he was very fond.

We have been told by persons with far more experience in foster home placement than we have had that there is usually a high percentage of failures in such work. We believe that one reason for this may be that in many cases the child is made entirely dependent on the foster home before an emotional attachment strong enough to support such dependency has been formed. If a child who has certain emotional problems which make him behave unreasonably at times becomes too heavy a burden on his foster parents, it is inevitable that they will develop antagonisms toward him. We have tried to prevent the development of such hostilities by limiting the responsibility of the boarding home for the child. Many of the children are at the Southard School from 9 until 5 every school day. They engage in an active, planned program which could not be arranged in the average home. Children who require a great deal of attention from adults come to the School for special activities on Saturdays and Sundays as well as week days. If a child becomes ill his boarding parents may bring him to the School for hospitalization and if they wish to leave town for a few days or for a longer vacation the School is always ready to take the child. Such arrangements make the parents' task easier and they also give the child more security and freedom from anxiety.

The foster parents are not made to feel responsible for the child's improvement. More harm than good is done by an over-zealous desire to "cure" the child. In many instances we tell the parents that we do not expect the child to show any significant change for a long period. We believe that the usefulness of a home is at an end if the foster parents or the child feel that they are failing and we try to prevent this at all costs.

The unusual elements in this plan as it is conducted at the Southard School seem to us to be:

1. The children concerned come from private homes of culture and independent means. In many instances they have had a succession of nurses, governesses and tutors or have been enrolled in several private schools before coming to us for treatment.

2. They come from all over the United States; none of them originally lived in this community.

3. They are apt to be more severely ill than children usually considered eligible for foster home placement.

4. In addition to the boarding home plan, the Southard School offers a variety of facilities, including a residential school, provision for group classes and individual tutoring, affiliation with the public schools, medical care, supervised recreation, and occupational therapy, milieu therapy and psychoanalytic psychotherapy, all coordinated in such a way that they may be combined, interchanged and graduated for the best treatment of the individual child.

5. The number of children treated under this plan is small so that the social worker and the therapists may spend as much time as is necessary in each case. There is no pressure to put a child in a boarding home until the right home is found for him.

6. The children are observed for a considerable period of time and in a variety of situations at the School by the therapists and teaching staff before they are placed in a boarding home.

7. Through its social worker, the School stimulates and enlists the interest of progressive families in the community in taking these children. Some people in educational work are interested in cooperating with a psychiatric school, knowing that they will have the opportunity of working directly with the staff.

8. The School carries an unusually large share of the responsibility for the child after he is placed in a boarding home by 1) visiting the parents and counselling with them; 2) continuing the child's conferences with a psychotherapist; 3) supervising the child's school work, recreation and craft shop work, and health; 4) permitting the parents to bring the child back to the School when he is ill or when the parents wish a short vacation; 5) foreseeing possible sources of friction in the situation and trying to forestall the development of hostilities by small adjustments and changes in the program.

The plan could not have been undertaken had we not received full cooperation and approval from the parents of our children and the referring physicians who encouraged us in this effort.

PUBLICATIONS BY MEMBERS OF THE STAFF

Emotions and Memory. By DAVID RAPAPORT. (The Menninger Clinic Monograph Series No. 2), Price $3.00. Pp. 272 plus index. Baltimore, The Williams & Wilkins Co., 1942.

Dr. Rapaport has ransacked the vast library of psychologic, psychoanalytic and psychiatric literature to amass in this relatively short book whatever bears on the problem of the relation of emotion and memory. The author calls this job a survey, but this word does not bring to the reader's mind the proper concept of his work and method. If this book were a conventional *Sammelreferat*, there would be little to review, nor could any opinion be passed except as to the general judgment the author had used in his selection of the literature. But the book is no such survey as this. Much more it is, to vary the engineering metaphor, an assay—an assay frequently of what would probably have passed unnoticed as low-yield ore.

For example, the author, considering the psychoanalytic theory of memory, is not content to summarize the well-outlined and formal views which Freud expresses in *The Psychopathology of Every-Day Life*, and in his paper on the "Mystic Writing Pad." He goes also to Freud's "Recommendations to Physicians on the Psychoanalytic Method of Treatment" and, applying his interpretative method, derives the theory of memory which is latent in Freud's advice to analysts on how to remember their patients' material. In this case, the mining metaphor is especially apt, for what Dr. Rapaport shows you is not the crude ore nor yet the metallic element but a new compound of his own making. It is not alone from the unusual and usual parts of analysis that such crystals are made, for the author tests out much of association psychology, field psychology, Gestalt, physiological psychology, experimental psychology, animal psychology, hypnosis, pathological memory disorders (the organic brain diseases) and other fields of study. From many unexpected quarters come forth new or old observations on the relation of emotion and memory. The extent of the author's reading is extraordinary. For the twenty-seven page chapter on "The Problems of the Emotions" he sifts through 82 works; for the sixty-two page chapter on "Experimental Contributions of Psychology," 187 works; for the forty-seven page chapter on "The Psychopathology of Memory," 141 works. It would of course be pedantic to continue this enumeration. The inferences and ideas from so much material needed some sort of summarization, and this is given formally at the end of each chapter.

To be sure, not all of the various inferences will bring the same degree of conviction to the reader. Thus, although the example given above of the inference concerning a tacit analytic theory of memory is very illuminating, another inference—one from Freud's idea that an emotion is an inherited "hysterical attack"—to the effect that this represents a "conflict" theory of emotion, is less convincing.

Dr. Rapaport has put us all in his debt by this acute, comprehensive and thoroughly worked over contribution.

BERTRAM D. LEWIN, M.D., New York City

THE TCPEKA INSTITUTE FOR PSYCHOANALYSIS

The Topeka Institute for Psychoanalysis is recognized by the American Psychoanalytic Association and its Constituent Societies and operates in accordance with the regulations laid down in the "Minimal Standards for the Training of Physicians in Psychoanalysis" and the "Minimal Standards for the Organization and Conduct of Training Institutes."

Aims. The Topeka Institute aims primarily at the training of phsycians in the theory and practice of psychoanalysis; secondarily, it aims to promote an adequate knowledge of psychoanalysis in those professions where it can be utilized—specifically, general medicine, psychology, psychiatric nursing, social work and teaching.

Program. In its curriculum for physicians the Topeka Institute provides a complete program of training in three parts: 1) Preparatory analyses conducted by recognized analyzing instructors. 2) Theoretical instruction through lectures and seminars covering the theory and technique of psychoanalysis and its application to psychiatry and to neighboring fields. 3) Supervised clinical work consisting of individual weekly conferences regarding the details of the analyses of patients and clinical conferences on patients under psychoanalytic treatment.

In order to fulfill these requirements, a three-year period of training is regarded as the necessary minimum.

Requirements of candidates. 1. Academic and medical training: Before he may be enrolled as a candidate for full psychoanalytic training with the aim of specializing in the practice of psychoanalysis, the applicant must have received an M.D. degree from a medical school accredited by the American Medical Association or a foreign school of equal rating and must have served a general interneship for one year at a hospital approved by the American Medical Association or at a foreign hospital of equivalent standing.

2. Psychiatric training and experience: The applicant must also have two years of full-time psychiatric work with in-patients in a mental hospital recognized by the American Medical and American Psychiatric Associations. A candidate may begin his professional training in psychoanalysis after completing one year of full-time psychiatric work while he is training at the Institute.

3. Personality, character and aptitude: The applicant must satisfy the Education Committee of a recognized psychoanalytic society as to the maturity of his personality, the integrity of his character, and his aptitude for psychological work before being admitted for training.

4. Pledge of faith: Before enrollment the applicant must pledge himself in writing neither to conduct psychoanalytic treatments nor to represent himself as a practitioner of psychoanalysis until he is authorized to do so by the Education Committee of a recognized psychoanalytic society.

Preparatory analyses. The foundation of the training curriculum is the preparatory analysis of the candidate. The duration of the preparatory analysis is left to the decision of the analyzing instructor and depends upon the needs and progress of the candidate. As a rule, it will consist of not less than three hundred analytic hours. If a candidate fails in his analysis, he may be given permission by the Education Committee, after agreement of the analyzing instructor, to make a second attempt with another analyzing instructor; but a second failure in the preparatory analysis terminates the candidate's training to be a practicing analyst.

The candidate selects his analyzing instructor from a list provided by the Education Committee, after agreement with this Committee.

Theoretical instruction. Theoretical instruction may be undertaken only when the candidate is so advised by his analyzing instructor. The curriculum in theoretical instruction is guided by the principle of presenting to the beginning student the theory of psychoanalysis in a way which enables him to acquire solid knowledge and understanding of the established scientific facts and of reserving the presentation of hypotheses still under discussion and active research for the later periods of the training during which the students are capable of independent scientific thinking.

Supervised clinical work. The candidate may be authorized by the Education Committee to begin supervised clinical work when, according to the opinion of his analyzing instructor, he has successfully completed his analysis or has advanced sufficiently to warrant the beginning of such work.

The candidate selects his supervising instructor after consultation with the Education Committee. The instructor chosen to supervise the clinical work shall, in the beginning, not be the instructor who has conducted the preparatory analysis.

If the candidate's supervised clinical work proves to be consistently unsatisfactory, he may be advised by the Education Committee to seek additional preparatory analysis. After further preparatory analysis and upon the recommendation of the analyzing instructor, he may again be admitted to supervised clinical work. A second failure in supervised work terminates the candidate's training.

Location. The Institute operates in three branches: at Topeka, Kansas; Los Angeles, California; and San Francisco, California.

Officers. Dr. Karl A. Menninger, *Director*; Dr. Robert P. Knight, *Assistant Director for Topeka*; Dr. Ernst Simmel, *Assistant Director for California*; Dr. Ernst Lewy, *Secretary-Treasurer*.

Instructors. Topeka: Karl A. Menninger, M.D., Robert P. Knight, M.D., Ernst Lewy, M.D. *Los Angeles:* Ernst Simmel, M.D., Otto Fenichel, M.D. *San Francisco:* Bernhard Berliner, M.D., Emanuel Windholz, M.D., Siegfried Bernfeld, Ph.D., Erik H. Erikson.

Lecturers. Topeka: Mary O'Neil Hawkins, M.D., William C. Menninger, M.D., David Rapaport, Ph.D., Elisabeth R. Geleerd, M.D. *Los Angeles:* David Brunswick, Ph.D., Frances Deri, Margaret Munk. *San Francisco:* Jacob Kasanin, M.D., Anja Maenchen, Ph.D., Donald A. Macfarlane, M.D.

LECTURES AND SEMINARS

Winter Quarter, 1943 (January–March)

Topeka Branch

Regular courses. Case Seminar (Clinical Conferences): Group Control. *Dr. Robert P. Knight.* Saturday, 11:00 a.m.–12:30 p.m. (January 23, February 27 and March 27). Saturday, 1:00–2:00 p.m. (January 16, January 30, February 6, February 13, February 20, March 6, March 13 and March 20). 12½ hours. Fee: $10.00.

Case Conferences: The Application of Psychoanalysis to the Study of Psychiatric Problems and of the Psychoses. *Dr. Karl A. Menninger.* 1 hour semiweekly, Tuesday and Thursday, 1:00–2:00 p.m. 24 hours. Fee: $20.00 (no charge for residents).

Seminar: Freud's Writings (case histories continued). *Dr. Ernst Lewy.* 1½ hours semimonthly, alternating Saturday, 8:30–10:00 a.m. (January 23, February 27 and March 27) and Wednesday, 9:15–10:45 p.m. (January 6, January 13, February 17 and March 10). 9 hours. Fee: $5.00.

Seminar: The Practice of Dream Interpretation (concluded). *Dr. Karl A. Menninger.* 2 hours weekly, Friday, 7:00–9:00 p.m. during January, 1943. 6 hours.

Seminar: Instinct Theory (and Theories). *Dr. Karl A. Menninger.* 2 hours weekly, Friday, 7:00–9:00 p.m. beginning February, 1943. 16 hours. Fee: $10.00.

Lectures: Defense Mechanisms (concluded). *Dr. Mary O'Neil Hawkins.* Saturday, 10:00–11:00 a.m. (January 23 and February 27). 2 hours. Fee: $5.00

Seminar: The Theories of Melanie Klein and Her Group. *Dr. Elisabeth Geleerd.* Wednesday, 9:15–10:15 p.m. (February 24, March 3 and March 24). 3 hours. Fee: $5.00.

Seminar: For Social Workers. *Dr. Karl A. Menninger.* Monday, 1:00–4:00 p.m. throughout the year.

Guest lecturers. January 21 and 22, 1943: *Dr. Alan Gregg,* Director of Medical Sciences, Rockefeller Foundation, New York. "Medical Communications."

February 2 and 3, 1943: *Dr. Frank Fremont-Smith,* Medical Director, Josiah Macy, Jr., Foundation, New York. "The Challenge to Psychiatry."

February 11, 12 and 13, 1943: *Norman Maier,* Ph.D., Professor of Psychology, University of Michigan, Ann Arbor, Michigan. "Abnormal Fixation as a Form of Compulsion in the Behavior of Rats," "Direction in Selective Mechanisms in Thinking."

February 17, 1943: *Dr. Marcel Heiman,* Mount Pleasant, Iowa. "Modification of Shock Treatment by the Use of Strychnine."

February 27 and 28, 1943: *Dr. Lawrence S. Kubie,* New York. "Psychiatric Classifications," "The Use of Hypnagogic States in the Course of Psychoanalytic Treatment."

March 9, 1943: *Col. Edgar Hume,* Commanding Officer, Winter General Hospital, Topeka, Kansas. "The Function of the Library in Medical Research with Particular Reference to the Surgeon General's Library."

March 17 and 18, 1943: *Robert R. Sears,* Ph.D., Director, Iowa Child Welfare Research Station, University of Iowa. "Personality and the Laws of Learning."

March 24, 1943: *Major Joseph Pessin,* Fort Riley, Kansas. "Psychiatry in the Army."

Los Angeles Branch

Seminar: Basic Psychoanalytic Problems. Twice monthly. *Dr. Otto Fenichel.*

Seminar: Case Histories. Twice monthly. *Dr. Otto Fenichel.*

Seminar: Literature. Once monthly. *Dr. Otto Fenichel.*

Seminar: Clinical Conferences. Once monthly. *Dr. Ernst Simmel.*

Seminar: For Social Workers. Once monthly. *Dr. David Brunswick.*

Seminar: Educational. Once monthly. *Dr. David Brunswick and Mrs. Margaret Munk.*

San Francisco Branch

Seminar: Technical, Combined with Clinical Conferences. *Dr. Siegfried Bernfeld.* 2 hours every second, third and fourth Monday, 8:30–10:30 p.m. 18 hours.

Seminar: Freud's Case Histories. *Dr. Bernhard Berliner.* 2 hours semimonthly, alternating Tuesday, 8:30–10:30 p.m. 12 hours.

Seminar: The Theory of Neuroses. *Dr. Emanuel Windholz.* 2 hours semimonthly, alternating Tuesday, 8:30–10:30 p.m. 12 hours.

Seminar: Neuroses in Childhood. *Mr. Erik H. Erikson.* 2 hours semimonthly, alternating Wednesday, 8:00–10:00 p.m. 12 hours.

Seminar: Psychoanalytic Psychiatry. *Dr. Jacob Kasanin.* 1 hour weekly, Monday, 11:00–12:00 a.m. 12 hours.

For further information concerning Topeka training activities, address Dr. Ernst Lewy, Secretary, 3617 West Sixth Avenue, Topeka, Kansas.

For further information concerning California training activities, address Dr. Ernst Simmel, 555 Wilcox Avenue, Los Angeles, California.

BOOK NOTICES

Pupil Personnel and Guidance. By RUTH STRANG. Price $2.00. Pp. 356. New York, Macmillan Co., 1941.

The author adheres to her aim throughout this book, namely, "to direct educators' attention to the children whom they should serve with sympathy and objectivity." Guidance, according to the author, should not be concerned with adjusting pupils to a traditional curriculum, but should be a process basic to curriculum revision and to instruction. She demonstrates her knowledge of the child as an individual, the value of mental hygiene clinics, and the valuable contribution which psychiatrists can make in consulting with the teachers over particularly difficult child maladjustments. The abundance of case material cited increases the value of the book. This book should be widely read and utilized by teachers and school administrators. (A. R. B.)

Love Problems of Adolescence. By OLIVER M. BUTTERFIELD. Price $2.25. Pp. 212. New York, Emerson Books, Inc., 1941.

We know so little about the facts of sexual life in the general population that any empirical study is valuable. This is an analysis of the problems of 1500 young people ranging in age from 13 to 25 years, collected by the author and examined statistically and, to some extent, psychologically. It does not go very deeply into anything but it does give a good survey of the sort of thing that worries young people consciously, with a few suggestions as to how some of their questions might be answered. (K. A. M.)

The Creative Unconscious. Studies in the Psychoanalysis of Art. By HANNS SACHS. Price $2.75. Pp. 240. Cambridge, Sci-Art Publishing Co., 1942.

This is a collection of essays, some of which have been published previously, on different aspects of the problem of artistic production and related questions. The author does not endeavor to give a complete system, but tries to explain art creation, its effect on the receiving public, and certain aspects of the development of civilization in terms of Freud's conception of the structure of the human personality and the dynamic forces operating in it. The book reflects the scholarliness and culture known to those familiar with the author's work. (E. L.)

Fundamentals of Psychiatry. By EDWARD. A. STRECKER. Price $3.00. Pp. 201. Philadelphia, J. B. Lippincott Co., 1942.

This is a 200-page pocket size compendium, based on Dr. Strecker's teaching outlines, which covers the field of psychiatry. It is written in abbreviated (almost outline) form. Psychoanalysis is mentioned only once when the author is listing various treatment possibilities in the psychoneuroses and only about a page and a half are given to the defense mechanisms.

The descriptions are excellent, and the book is filled with many practical ideas about the importance of psychosomatic medicine, of preventive psychiatry, of the inheritance of mental illness. There is a very good

chapter on the effect of the war both on the civilian and on the soldier. (W. C. M.)

Introduction to Sociology. A Naturalistic Account of Man's Adjustment to His World. By L. L. BERNARD. Price $3.75. Pp. 1041. New York, T. Y. Crowell Co., 1942.

This is a book written for students. Its tone is popular and it is easy, agreeable reading. Its chief merit is that it discusses the many factors—physical, biological, psychological, cultural, and historical—which interact in social processes. The weaknesses of the book are: first, the insufficient discussion devoted to the economic factor; second, the lack of appraisal of the role the socialist movement and theory played in modern times; third, the digressions into which the attempt to deal with many angles leads the author. These weaken the coherence of the book and make it too bulky. Its psychological point of view is behavioristic though of the variety called "purposive behaviorism." (D. R.)

You, Your Children and the War. By DOROTHY BARUCH. Price $2.00. Pp. 234. New York, D. Appleton-Century Co., 1942.

The main theme of this excellent aid to morale is that fear and hate are best handled by giving them an outlet in speech and action. When parents tolerate hostility from their children, smouldering resentment and accompanying guilt feelings are relieved and better understanding develops. Practical outlets in constructive action in war time for both parents and children are suggested. The psychological theory presented and the terminology used are directly derived from the reports of research done by psychoanalysts, so it is unfortunate that the author fails to give the sources of her material in most instances and does not mention psychoanalysis at all. (K. A. M.)

Schriften aus dem Nachlass (1892–1938). By SIGMUND FREUD. Price $3.50. Pp. 159. London, Imago Publishing Company Ltd., 1941.

This book contains a collection of letters, papers, and a speech which were discovered after Freud's death. As Freud wrote for publication, he destroyed his preparatory manuscripts and therefore not very much was found. The book reveals clearly his way of working, thinking, and living. In two manuscripts and in a letter to Joseph Breuer in 1892 he had already formulated what he first published in 1895 in the *Studies on Hysteria* (together with Joseph Breuer). Manuscripts of 1899 and of 1921 deal with parapsychological problems.

More than half of the book contains a work unfortunately unfinished, *Abrisz der Psychoanalyse*, an outline written in 1938. (E. G.)

The Clinical Application of the Rorschach Test. By R. BOCHNER and F. HALPERN. Price $3.00. Pp. 216. New York, Grune & Stratton, 1942.

The journal literature of the Rorschach test is rich—the book literature includes but a few volumes. Nevertheless, this new volume cannot be hailed with enthusiasm. Its best asset is that it contains twenty full records. Few people have published such nice Rorschachs. These, however, include too many varieties: children, mental-deficients, normal adults,

neurotics, psychotics, and organic cases; and many of them are claimed to be "typical" for the group of mental disorder referred to. Besides the overambitiousness of the book, one is also disconcerted by the fact that, for the greater part, no credit is given to those workers whose results are quoted. Thus, the average reader does not know where much of the information comes from and what is the relative weight of the different statements of the book. (D. R.)

The Rorschach Technique. B. KLOPFER and D. M. KELLEY. Price $3.60. Pp. 436. Yonkers-on-Hudson, New York, World Book Co., 1942.

This is the latest book on the Rorschach method. The authors are people recognized to have long experience in dealing with the Rorschach method. The book excels in a careful description of the test and its administration, and especially in the description of varieties of characteristics of responses which may be encountered in dealing with Rorschach-Test records. The administration method and scoring system of the group of Rorschach workers centered around the Rorschach Research Exchange, the description of which until now was scattered in different articles, is here made available.

Whether or not one agrees with the interpretative chapters IX to XII, the first eight chapters certainly justify the book. The chapters on clinical diagnosis, XIII to XX, give a good survey of the more important research reports in the field and have the merit of avoiding over-simplified schemes of diagnoses. (D. R.)

Sex Fulfillment in Marriage. By ERNEST R. GROVES, GLADYS H. GROVES, and CATHERINE GROVES. Price $3.00. New York, Emerson Books, Inc., 1942.

All of these authors have written previous books related to marriage and family life, and in this new book they set forth in lay terms informative material and suggestions regarding the sex life in marriage. The book contains suggestions for the bride and groom, for the early married couple, for the late married couple, and includes chapters on the anatomy of the sexual apparatus, the role of the husband and of the wife, methods of birth control, the acceptance of pregnancy and childbirth. The book is written in a direct, interesting style with good taste, good scientific judgment, and can be recommended as probably being helpful to anyone having problems of heterosexual adjustment. (W. C. M.)

Social Learning and Imitation. By. N. E. MILLER and J. DOLLARD. Price $3.50. Pp. 341. New Haven, Yale University Press, 1941.

This is an attempt of stimulus-response psychology to account for social learning and imitation. The theory differs from the conventional conditioned response theory by assuming *primary drives* and *acquired drives.* Imitation and copying are nevertheless explained as mere learning. The demonstration that reward and punishment may elicit learning, imitation, and copying is construed as proof that reward and punishment bring about learning, imitation, and copying. The important psychoanalytic discoveries concerning imitation and copying (the psychology of ego formation and super-ego) are not even referred to in this book which has a chapter summarizing the theories of imitation. (D. R.)

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